•			e
File Number:		//www.	OMB APPROVAL
84-458 For the reporting period ended		MAR OF ALLE	OMB Number. 3235-03 Expires: July 31, 20 Estimated average burden
December 312001	03033	MAR 2 7 2002	hours per full response 6. Estimated average burden
	02023178 STATI		hours per intermediate response
	Washington, D.C. 2	20549	Estimated average burden hours per minimum response
	FORM TA-	2	
FORM F	OR REPORTING ACTIVITIES	S OF TRANSFER A	GENTS
REGISTERED PURSUA	NT TO SECTION 17A OF THE	E SECURITIES EXC	CHANGE ACT OF 1934
ATTENTION	CONSTITUTE FEDERAL	CRIMINAL VIOLA	-/
•	See 18 U.S.C. 1001 and 15 U	U.S.C. 78ff(a)	
	·		
 Full name of Registrant as sta (Do not use Form TA-2 to change no 	ated in Question 3 of Form TA-1: ame or address.)		45
Tri-Continental Corp	oration	45	
a. During the reporting period (Check appropriate box.)	od, has the Registrant engaged a service	e company to perform an	y of its transfer agent function
IX VII	Some	None	
b. If the answer to subsection company(ies) engaged:	ion (a) is all or some, provide the na	ame(s) and transfer ager	nt file number(s) of all servi
Name of Transfer Agent	(s):	File)	No. (beginning with 84- or 85-):
Seligman Data (Corp.		1895
PFPC		84-	1761
			PROCESSED
			JUL 1 0 2002
			THOMSON FINANCIAL
c. During the reporting period transfer agent functions?	od, has the Registrant been engaged as	a service company by a r	named transfer agent to perform
☐ Yes	∑ No	•	
Registrant has been engag	n (c) is yes, provide the name(s) and fil ged as a service company to perform tra Supplement to Form TA-2.)		
Name of Transfer Agent((s):	File N	10. (beginning with 84- or 85-):
			· · · · · · · · · · · · · · · · · · ·
			
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*	۵.		of the Curre cosit Insuranc overnors of the	ncy e Corpora e Federal	tion Reserve Syst		only				
	b.	During the repo information rep									which
			mendment(s) o file amendm ble	nent(s)							
	c.	If the answer to	subsection (t	o) is no, pi	rovide an exp	olanation:				······	
		If t	he response	to any o	of question:	s 4-11 below	is no	ne or zer	o, enter "(."	
4.	Nu	mber of items rec	eived for tran	ısfer durir	ig the reporti	ng period:			*****	······	
5.	a.	Total number of System (DRS),								on 	
	b.	Number of indivas of December									
	c.	Number of indiv	vidual securit	yholder D	RS accounts	as of December	31:	•••••			
	ď.	Approximate pe December 31:	ercentage of i	ndividual	securityhold	er accounts fro	m sub	section (a)	in the follo	owing categories	as of
		Corporate	Corporate		Open-End	Limited	1	Municip	al Debt	Other	٦
		Equity	Debt		Investment	Partnersh		Secur	l l	Securities	
		Securities	Securities		Company Securities	Securitie	es 				
										,	
6.	Nu	mber of securities	s issues for w	hich Regis	strant acted in	n the following	capaci	ties, as of	December 3	1:	ر
					corporate ecurities	Open-End Investment Company	Pa	imited tnership ccurities	Municipal Debt Securities	Securities	
				Equity	Debt	Securities			Sources		
	a.	Receives items f]
		and maintains th									
	Ъ.	securityholder fi Receives items f			 	 	 		l		1
		but does not mai									
		master securityh				<u> </u>					1
	c.										
		transfer but main master securityh									
)						_			

	a.	Number of issues for which dividend reinvestment plan and/or direct purchase plan 'services were provided, as of December 31:				
,	ъ	b. Number of issues for which DRS services were provided, as of December 31:				
	c. Dividend disbursement and interest paying agent activities conducted during the reporting period: i. number of issues					
		ii. amount (in dollars)				
		The state of the s				
8.	a.	Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:				
		Prior Current				
		Transfer Agent(s) Transfer Agent				
		(If applicable)				
		i. Number of issues				
		ii. Market value (in dollars)				
		· · · · · · · · · · · · · · · · · · ·				
	b.	Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):				
	c.	During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?				
		☐ Yes ☐ No				
	đ.	If the answers to subsection (c) is no, provide an explanation for each failure to file:				
		The same of the substitution (e) is not provide at expension to the substitution (e) is not provide at expension (e) is not pr				
9.	a.	During the reporting period, has the Registrant always been in compliance with the turnaround time for routine items as set forth in Rule 17Ad-2?				
		☐ Yes ☐ No				
		If the answer to subsection (a) is no, complete subsections (i) through (ii).				
		i. Provide the number of months during the reporting period in which the Registrant was not in compliance with the turnaround time for routine items according to Rule 17Ad-2.				
		ii. Provide the number of written notices Registrant filed during the reporting period with the SEC and with its ARA that reported its noncompliance with turnaround time for routine items according to Rule 17Ad-2.				
10.		nber of open-end investment company securities purchases and redemptions (transactions) excluding dividend, interest distribution postings, and address changes processed during the reporting period:				
	a. Total number of transactions processed:					
	Ь.	Number of transactions processed on a date other than date of receipt of order (as ofs):				

During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Date of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	Number of Different Addresses Obtained from Database Search
!		

b.	Number of lost securityholder accounts that have been remitted to states during the
	reporting period:

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Manual signature of Official responsible for Form:	Title: Assistant Secretary
PAS.	Telephone number: (212) 850-1613
Name of Official responsible for Form: (First name, Middle name, Last name)	Date signed (Month/Day/Year):
Brian D. Simon	March 25, 2002

File Number	Supplement to Form TA-2	
For the reporting period ended December 31,	Full Name of Registrant	
	name(s) and file number(s) of the named trans	sfer agent(s) for which the Registrant has been

Name(s):		File No. (beginning with 84- or 85-):
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